

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

D.D., a minor, by her Next Friend and  
mother, ASIA DEDEAUX and  
ASIA DEDEAUX, Individually,

Plaintiffs,

vs.

Civil Action No.

UNITED STATES OF AMERICA,

Defendant.

\_\_\_\_\_/

GERALD THURSWELL (P21448)  
ARDIANA CULAJ (P71553)  
THE THURSWELL LAW FIRM P.L.L.C.  
Attorney for Plaintiffs  
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**COMPLAINT AND AFFIDAVITS OF MERITORIOUS CLAIM**

NOW COME the above-named Plaintiffs by their attorneys, GERALD E.  
THURSWELL and ARDIANA CULAJ, of THE THURSWELL LAW FIRM,  
and complaining against the above-named Defendant, its agents, servants  
and/or employees, either real or ostensible, and say as follows:

Glossary of Abbreviations<sup>1</sup>

<sup>1</sup> Attached is a Glossary of Abbreviations of terms that may appear in this Complaint.

### **JURISDICTION, PARTIES AND VENUE**

1. That this is a medical malpractice case brought under the Federal Tort Claims Act for severe and permanent injuries arising out of negligent acts or omissions of employees, agents, apparent agents, servants or representatives of the United States while acting within the course and scope of their employment, agency, apparent agency, servitude, or representative capacity, under circumstances where the United States of America, if a private person, would be liable to the Plaintiffs under the laws of the State of Michigan where the acts and/or omissions occurred. This Court has original subject matter jurisdiction pursuant to 28 U.S.C. §1346 (b).
2. That at all times relevant and/or material to these matters, the employees, agents, apparent agents, servants or representatives of the United States were subject to the United States' right to control, including substantial supervision and direction over their day-to-day activities.
3. That Asia Dedeaux as the mother of D.D. and Next Friend of D.D. is an individual residing in Jackson, Jackson County, Michigan.
4. That at all times relevant to this Complaint, the Defendant, the United States of America, was the employer of health care providers who administered care and treatment to Asia Dedeaux while she was pregnant with D.D at Center for Family Health.
5. That the United States of America is a Defendant.
6. That Defendant United States of America may be served with process in accordance with Rule 4(i) of the Federal Rules of Civil Procedure by serving a copy of the Summons and Complaint on Daniel L. Lemisch Acting United States Attorney for the Eastern District of Michigan, 211 W. Fort Street, Suite 2001, Detroit, Michigan 48442 to the attention of the Civil Process Clerk and by serving a copy of the Summons and Complaint on Attorney General of the United States of America, Jeff Sessions by registered or certified mail, to the Attorney General's Office, 10<sup>th</sup> and Constitution Avenue, N.W., Washington, D.C. 20530, to the attention of the Civil Process Clerk.

7. That venue is proper in the United States District Court for the Eastern District of Michigan pursuant to 28 U.S.C. § 1391(a)(1) and (c) as the United States is a Defendant and because all or part of the cause of action accrued in this District and because the Plaintiffs reside in this District.

## **II.**

### **LIABILITY OF THE UNITED STATES OF AMERICA**

8. That this case is commenced and prosecuted against the United States of America pursuant to and in compliance with Title 28 U.S.C. §§2671-2680, commonly referred to as the “Federal Tort Claims Act.” Liability of the United States is predicated specifically on Title 28 U.S.C. §§1346(b)(1) and 2674 because the personal injuries and resulting damages of which complaint is made, were proximately caused by the negligence, wrongful acts or omissions of employees of the United States at Center for Family Health, Detroit, Michigan while acting within the scope of their office or employment, under circumstances where the United States, if a private person, would be liable to the Plaintiffs in the same manner and to the same extent as a private individual under the laws of the State of Michigan.
9. That the United States Department of Health and Human Services is an agency of the United States of America. The United States of America, Defendant, through its agency, the United States Department of Health and Human Services, at all times material hereto, owned, operated and controlled the health care facility known as Center for Family Health, and though its agency, the United States Department of Health and Human Services, staffed the health care facility with agents, servants, and/or employees.

## **III.**

### **JURISDICTIONAL PREREQUISITES**

10. That on March 21, 2017, the Plaintiffs filed their administrative claims based on the facts alleged herein with the appropriate federal agency – The Department of Health and Human Services – for damages arising out of the personal injuries sustained by D.D. and her mother, Asia Dedeaux, based on the negligence of the United States’ employees, agents, apparent agents, servants or representatives, practicing in the course and scope of their employment at Center for Family Health, Detroit, Michigan.

11. That on September 19, 2017, the United States Department of Health and Human Services denied these claims. Accordingly, Plaintiffs have complied with all jurisdictional prerequisites and conditions precedent to the commencement and the prosecution of this litigation.

IV.

**FACTS**

12. That at all times material herein, a patient-doctor relationship existed between Plaintiffs and **Dr. Monica Hill**.
13. That at all times material herein **Dr. Monica Hill** was board certified in obstetrics and gynecology.

**4/30/15**

Would like to see how large baby is first.

14. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, "**04/30/2015**: Pt states that she is wanting a repeat c section instead of VBAC. ...After discussion of VBAC versus cesarean, pt (patient) is undecided, would like to see how large baby is first."

**5/15/15**

Original due date: **6/7/15**.

Baby's actual birthdate: **6/2/15**.

15. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, "**5/15/15** Original due date: **6/7/15**. Baby's actual birthdate: **6/2/15**."

**Center for Family Health  
Pregnancy History**

16. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, "Pregnancy Outcome: 1) October 2007, 40 weeks. Birth Weight: 8lb 6oz. 2) August 2009 38 weeks. **Birth Weight: 9lb 12oz. DD born: 6/2/15 Birth Weight: 9lb 6oz. **Apgar scores 3 / 9."****

6/2/15

5/28/15

Presents for repeat cesarean section.

17. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, "5/28/15 H&P (History and Physical Pre-Op. HPI: 26 yo (year old) G4P2012@ 39 wk (week) presents for repeat cesarean section."

18. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, "FITNESS FOR SURGERY: Asia Dedeaux has been recently assessed by Dr. Hill who feels the patient a suitable and reasonable risk for repeat low transverse cesarean. Pt (Patient) has been scheduled for repeat low transverse cesarean."

5/28/15

Pre-pregnancy weight: 185 pounds. Height: 5'2". Weight: 190lbs.  
Prior Cesarean. Desires VBAC.

19. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, 10/20/14 "Prenatal Flowsheet: Pre-pregnancy weight: 185. Prior Cesarean: **T. Christensen, RN**, desires VBAC (Vaginal Birth After Cesarean Section). Height: 62.56. 5/28/15 EGA (Estimated Gestational Age) 38 weeks 4 days. Weight: 190."

20. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, "**6/2/15**: Follow-up obstetrical ultrasound performed portably. PRIOR OB ULTRASOUND: **01/15/2015, 03/04/2015, 04/26/2015, 05/15/2015**. EFW: 3749 grams IMPRESSION: 1. Single living intrauterine pregnancy, with a sonographic gestational age of **39 weeks 2 days**. The projected gestational age based on a prior exam dated **1/15/2015** is 39 weeks 2 days, indicating normal interval growth. 2. **Estimated fetal weight 3749 g.**"

**Dr. Hill's note: Shoulder dystocia, McRobert's maneuver, suprapubic pressure, posterior arm reduction.  
VBAC due to low platelets.**

21. That the records of **Allegiance Health** on the **mother, Asia Dedeaux**, indicate, "**Shoulder dystocia ☒ yes. Failure to deliver with expulsive and usual methods. Treatment: Episiotomy, McRobert's maneuver, suprapubic pressure, posterior arm reduction. Delivery Notes – Comments: 26-year-old 39 weeks 2 days presents for Cesarean converted to VBAC due to low platelets. Patient reached complete at 2147. Patient delivered via SVD (spontaneous vaginal delivery) at 2216. Dystocia noted – posterior. Shoulder delivered after episiotomy. Signed: Dr. Monica Hill 6/2/15 2256.**"

Delivery Note dictated on **6/17/15**  
Born on **6/2/15**

22. That the records of **Allegiance Health** on the **mother, Asia Dedeaux**, indicate, "**DELIVERY NOTE. The patient is a 26-year-old G4, P3-0-1-3 at 39 weeks and 2 days, who presented for a repeat cesarean section and, due to low platelets, the decision was made to have the child a vaginal birth after cesarean section, because the patient did not want to undergo general anesthesia. The patient was initiated on oxytocin per protocol, had spontaneous rupture of membranes, and began to make appropriate change. Once the patient was complete, the patient began to push and was moving infant with each push. The patient was noted to have a posterior infant on examination. The patient continued to progress**

without any distress. Once the fetal head was delivered, the fetus was noted to be ROP, and the head was on the perineum for approximately 1 minute 5 seconds. McRobert's was performed, suprapubic pressure was performed, then an attempt to deliver the posterior shoulder first was made. The pelvis was assessed. An episiotomy was then performed, and the posterior arm was then delivered. During that delivery, the normal maneuvers were performed and the baby was delivered. There was no evidence of turtle sign or failure to descend during her labor process. The head was on the perineum again for 1 minute and 5 seconds. Posterior shoulder was delivered first after episiotomy without any difficulty. The Apgars, were 3 at 1 minute and 9 at 5 minutes. **Monica Hill, MD. Electronically verified and signed by HILL, MONICA MD 2015-06-17 11:31:00-04:00 D: 06/17/2015 09:17:39.**"

Delivery / Birth: 6/2/15. Time: 2216. Birth Weight: 9lbs 6oz.

Dystocia - Posterior shoulder delivered after reduced.

Head on perineum 1 minute.

23. That the records of **Defendant, Center for Family Health**, on the mother, **Asia Dedeaux**, indicate, "Obstetric Discharge Summary: IUP (Intrauterine Pregnancy) 39-2/7 weeks. Reason for admission: **Induction of labor**. Delivery Date: 6/2/15. Time: 2216. Spontaneous vaginal delivery. Newborn Data: Birth Weight: 9lb 6oz. ☒ **Shoulder Dystocia. Dystocia and midline episiotomy, repaired.** Posterior shoulder delivered after reduced. **Head on perineum 1 minute. Apgar scores 3 / 9.**"

**Total shoulder time: 1 minute 5 seconds.**

24. That the records of **Defendant, Center for Family Health**, on the mother, **Asia Dedeaux**, indicate, "Delivery / Birth: 6/2/15 2216. Labor information: **Pitocin induction, AROM, epidural.** Delivery comments: **Total shoulder time: 1 minute 5 seconds.** Scalp condition: Bruised, cone-shape. Maternal support present. **Delivering MD: Dr. Hill.** Nursery Nurse: **D. Thurow.** Maternal Nurse: **A. Wild.** In attendance pediatrician: **Dr. Sharma.**"



25. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, "Cord blood sent to: Obtained. Charting Legend: AW = Amy Wild, RN. Denise J Thurow, RN."
26. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, "Apgar scores 3 / 9. Scored by: **Dr. Sharma.**"

**Birth Weight: 9lb 6.62oz.**  
**Left arm at side.**

27. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, "Birth Weight: 4270 gm / 9lb 6.62oz. Length: 22 inches. Head circumference 14 inches. Newborn comments: PPV 1 min 22 sec, **left arm at side.**"

**Birth at 2216 6/2/15**  
**Delivered right arm first, left arm to side of body, brachial plexus.**

28. That the records of **Allegiance Health** on the **child, D.D.**, indicate, "Delivery Room Consultation. Delivered right arm first. Next head out 50 seconds. At warmer by 1 minute. Grimace when placed ETT... Heart Rate >60 entire time. Spontaneous cry by 2:52 of life. Bruise under left nipple, facial bruising. Hold left arm to side of body – brachial plexus. Signed: Dr. N. Sharma, MD, 6/2/15 at 10:30 PM." P55

**Left arm anterior.**

29. That the delivery was accomplished with the delivery of the posterior arm, thus the first arm out was the right arm. That means that the **left arm had to be the anterior arm.**

**6/4/15**

30. That the records of **Defendant, Center for Family Health**, on the **mother, Asia Dedeaux**, indicate, "6/4/15 11:45 AM – Allegiance Health: OB/GYN Resident Note. S/P VBAC delivery."



31. That the records of Allegiance Health on the child, D.D., indicate, **"6/18/15 Diagnosis: Left brachial plexus palsy. She holds her left upper extremity in internal rotation with wrist and fingers flexed."**

**Vibration stimulator**

32. That the records of Allegiance Health on the child, D.D., indicate, "Mom had been using vibration stimulator consistently per her report. I have been tapping with elbow flexion ROM, but I have not seen/felt any activation of the biceps. Tennille Daly, MSPT. Allegiance Health Physical Rehabilitation."

**6/3/15**

**Large for gestational age**

33. That the records of Allegiance Health on the child, D.D., indicate, **"6/3/15 Newborn Daily Progress Note. LGA (Large for Gestational Age). Neurologic: ↓ movement left arm, ↓ tone. Assessment: LGA, left arm brachial plexus injury, hypoglycemia. Follow left arm, may need referral to University of Michigan brachial plexus clinic."**
34. That the records of Allegiance Health on the child, D.D., indicate, **"DOB: 6/3/15 holds left arm next to body asymmetrical, Moro, does not open left eye lid "as much." Bruising under left nipple. N. Sharma, MD."**

**6/2/15**

**Total shoulder time 1 minute 5 seconds.**

35. That the records of Allegiance Health on the child, D.D., indicate, **"Scalp condition: Bruised, cones shape. Newborn comments: 6/2/15 2328 delivery summary comment: total shoulder time 1 minute 5 seconds."**

**6/3/15**

36. That the records of **Allegiance Health** on the **child, D.D.**, indicate, **“Upper extremity muscle tone left absent. 6/3/15 0300 Characteristics: Bruise under left nipple and back of left armpit.”**

**Pain shoulder**

37. That the records of **Allegiance Health** on the **child, D.D.**, indicate, **“Pain location: Shoulder.”**

**6/3/15**

**Muscle tone left flaccid.**

38. That the records of **Allegiance Health** on the **child, D.D.**, indicate, **“6/3/15 Muscle tone left flaccid. 0800 Characteristics: Bruise under left nipple and back of left armpit.”**

**Muscle tone left flaccid.**

39. That the records of **Allegiance Health** on the **child, D.D.**, indicate, **“Upper extremity muscle tone left flaccid.”**

**Cord Blood Gases**

40. That the records of **Allegiance Health** on the **mother, Asia Dedeaux**, indicate, **“6/2/15 2223 Arterial Blood Gases: pH 7.207 L / pCO<sub>2</sub> 63.6 H / pO<sub>2</sub> 19.0 L CALLED / BD 4.5 H / HCO<sub>3</sub> 24.7 / O<sub>2</sub> Sat 33.9 L. Venous Blood Gases: pH 7.246 L / pCO<sub>2</sub> 52.8 H / pO<sub>2</sub> 26.3 / BD 5.5 H / HCO<sub>3</sub> 22.4 / O<sub>2</sub> Sat 55.0.”**

**6/19/15**

41. That the records of **University of Michigan Hospital - Mott Children's Hospital** on the **child, D.D.**, indicate, **“Progress Note: 6/19/15 1:39 PM.”**

Onset: **6/2/2015**. Medical Diagnosis: **Left Brachial Plexus Palsy**.  
Treating Diagnosis: **Left Upper Extremity Weakness.**"

**6/10/15**  
**Parkside Pediatric Clinic**

42. That the records of **Allegiance Health** on the **child, D.D.**, indicate, "**6/10/15 Parkside Pediatric Clinic**. RX (Prescription) physical therapy, evaluate and treat, **brachial plexus palsy (left).**"

**7/23/15**

43. That the records of **Allegiance Health** on the **child, D.D.**, indicate, "**7/23/15 Progress Summary: D.D.** has had very little in change in AROM (active range of motion) to left upper extremity. She continues to hold hand flexed. Splint falls off all the time per mom. ...EMG result from **7/24/15.**"

**9/10/15**  
**4 of 5 brachial plexus nerve roots avulsed.**

44. That the records of **Allegiance Health** on the **child, D.D.**, indicate, "**9/10/15** Patient has shown some elevation "shrug" of shoulder, but has no AROM (active range of motion) at elbow or... **She has 4 of 5 brachial plexus nerve roots avulsed.** Mom and dad are still discussing / considering surgical options presented by **University of Michigan Hospital.**"

**6/18/15**

45. That the records of **Allegiance Health** on the **child, D.D.**, indicate, "**6/18/15** Pediatric Physical Therapy Evaluation. **Diagnosis: Left brachial plexus palsy.** Patient has been gripping; she started moving her wrist a few days after being home; **cries, fussy...when getting dressed 50% of time.** Holds arm with wrist flexed and fingers flexed. **No AROM (active range of motion) in left upper extremity except wrist and finger flexion.**"

**7/30/15**

46. That the records of **Allegiance Health** on the **child, D.D.**, indicate, **“7/30/15 Mom reports EMG showed denervation at proximal upper extremity and greater ... in hand; MRI 8/24 and results ... 8/28.”**

**8/31/15**

**MRI shows 4 of the 5 nerve roots avulsed.  
Very severe brachial plexus.**

47. That the records of **Allegiance Health** on the **child, D.D.**, indicate, **“From: Rasmussen, Lynnette. Sent: Monday, August 31, 2015. MRI shows 4 of the 5 nerve roots avulsed. Very severe BP (Brachial Plexus) case. Long discussion with family from the team. Family will decide whether to have surgery or not. Patient was told even with surgery, function would be limited, based on what is seen so far. Family also told even though MRI shows one thing, until you actually go in, you can't determine level of severity.”**

**10/26/15**

**Left brachial plexus neuropathy affecting the entire plexus.**

48. That the records of **University of Michigan Hospital - Mott Children's Hospital** on the **child, D.D.**, indicate, **“10/26/15 EMG - Summary and Interpretation: ...Posterior fetal position and spontaneous vaginal delivery. McRobert's and Suprapubic pressure were used. The baby girl was born at 9 pounds 6 oz. Apgars scores were 3 at one minute and 9 at 5 minutes per records. She had no voluntary movement of the arm at birth and mother noted ptosis at birth which has resolved. No problems feeding, breathing. She has now demonstrated wrist flexion, hand movement. No movement at the shoulder or elbow flexion sometimes see elbow extension but mother cannot be certain. Doing exercises from DVD at home daily and therapy once a week at Allegiance hospital. Physical examination reveals a very mild left shoulder subluxation. The left arm is held in internal rotation and**

elbow extension. I do not palpate triceps activation. No voluntary shoulder forward flexion or elbow extension. She can flex the left wrist, flex and extend the fingers and thumb. No ptosis or meiosis observed. **Summary:** Nerve conduction studies of the left upper extremity were performed. The median and ulnar nerve sensory responses showed normal signal amplitude and mild conduction velocity slowing. The Median nerve motor response was normal distally and with a borderline slowed conduction velocity across the forearm. The Ulnar nerve motor response was normal. Concentric needle examination of selected left upper extremity muscles was performed. **The Deltoid, Biceps Brachii and Triceps showed moderate to severe abnormal spontaneous activity and no voluntary motor units were observed. The Flexor Carpi Radialis showed moderate to severe abnormal spontaneous activity and voluntary motor units were normal morphology with a moderate to severely reduced recruitment pattern. Flexor Dig Profundus and FDI (Hand) showed minimal abnormal spontaneous activity and voluntary motor units were normal morphology with a minimally reduced recruitment pattern.** **Interpretation:** Abnormal study. There is electrodiagnostic evidence of a left brachial plexus neuropathy affecting the entire plexus. The most severe lesion is to the Upper Trunk and there is no electrophysiologic evidence of axonal continuity to the muscles innervated by peripheral nerves originating from the Upper Trunk. The near normal Median nerve sensory response supports a pre-ganglionic lesion. Additionally, there is severe involvement of the Middle Trunk. The Lower Trunk is much less involved and, importantly, there is electrophysiologic evidence of axonal continuity and relatively mild findings seen in the Lower Trunk innervated muscles. Clinical Note: dedicated imaging.”

**8/24/15**

49. That the records of University of Michigan Hospital - Mott Children's Hospital on the child, D.D., indicate, “**8/24/15** US Neck: Left brachial plexus: Large interscalene neuroma which extends to clavicle. C5 and C6 nerve roots are identified, enlarged and echogenic. C7 and C7 root are difficult to identify on the coronal view. On the short axis views there is echogenic neuroma where those C7 and C8 roots should be. Therefore, C7 and C8 are likely also involved and incorporated into the neuroma. **IMPRESSION: 1. Extensive left inter scalene neuroma**

**which appears to involve all roots and extends to the clavicle. 2. Atrophic left muscles as described. 3. At most slight left shoulder laxity."**

50. That the records of **University of Michigan Hospital - Mott Children's Hospital** on the **child, D.D.**, indicate, "**8/24/15 US Chest: IMPRESSION: 1. Extensive left inter scalene neuroma which appears to involve all roots and extends to the clavicle. 2. Atrophic left muscles as described. 3. At most slight left shoulder laxity."**

**8/25/15**

51. That the records of **University of Michigan Hospital - Mott Children's Hospital** on the **child, D.D.**, indicate, "**8/25/15 MRI Cervical Spine: IMPRESSION: 1. Imaging findings are concerning for avulsion injury of the left C6-C7 and C8 and possibly left C5 ventral nerve root. Small associated pseudomeningoceles are noted in the left C5-6 and C6-7 vertebral levels along with scarring and adhesions.**

**8/24/15**

**Ultrasound left brachial plexus**

52. That the records of **University of Michigan Hospital - Mott Children's Hospital** on the **child, D.D.**, indicate, "**8/24/15 US Left brachial plexus: Large interscalene neuroma which extends to clavicle. C5 and C6 nerve roots are identified, enlarged and echogenic. C7 and C8 root are difficult to identify on the coronal view. On the short axis views there is echogenic neuroma where those C7 and C8 roots should be. Therefore, C7 and C8 are likely also involved and incorporated into the neuroma. Impression: 1. Extensive left interscalene neuroma which appears to involve all roots and extends to the clavicle. 2. Atrophic left muscles as described. 3. At most slight left shoulder laxity."**

**Surgical intervention recommended.**

53. That the records of **University of Michigan Hospital - Mott Children's Hospital** on the **child, D.D.**, indicate, "**History of Present Illness: D.M.D is a 7 mo. (month) female with LEFT brachial plexopathy with minimal improvement from the initial evaluation at the BP clinic; no biceps function; with minimal progress recovery seen in the hand for median**

and ulnar function; diagnosis of preganglionic lesion; resolving Horner's syndrome, mild shoulder subluxation, asymmetry of arm growth, no contractures. Minimal improvement therefore **surgical intervention recommended.**"

**6/23/15**

54. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, "Progress Notes: **6/23/15** Mother presented for a repeat C Section but she had low platelets. Vaginal delivery. **Baby was posterior. Maneuvers used included: McRobert's and suprapubic pressure. Birth weight was 9 pounds 6 oz. Apgar scores were 3 at one minute and 9 at 5 minutes per records. Left arm at that time was flail.**"

**6/23/15**

**Brachial Plexopathy of the left arm with Homer's syndrome.**

55. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, "Progress Notes **6/23/15**. The involved arm shows lack of spontaneous movement, asymmetric posturing. **Impression: Brachial plexopathy of the left arm with Homer's syndrome ...otherwise normal development work up of new diagnosis of brachial plexopathy, Homer's syndrome and flail arm. Recommendations and Plan:1. EMG at one month as part of work up 2. Family education: as above 3. Home exercises per BP DVD 4. Prognosis for recovery guarded.**"

**Spinal accessory nerve exploration, possible repair**

56. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, "Surgical Requests – Orders: **UM OR SUR CASE REQUEST NEURO: BRACHIAL PLEXUS-SPINAL ACCESSORY NERVE EXPLORATION, POSSIBLE REPAIR** - pending brachial plexus clinic visit - MRI results - will need H & P and teaching prior to OR. Diagnoses: Brachial plexus dysfunction PreOp Diagnosis brachial plexus palsy."



**8/31/15**

**Scapular winging, sensation decreased**

57. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, “Progress Notes **8/31/15**. The involved arm shows scapular winging and decreased tone. Sensation is decreased to irritation.”
58. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, “Recommendations / Plan: - Left brachial plexopathy; flail arm virtually; severe weakness; shoulder instability; - *Therapy*. Recommend continued therapy through **Early On services**. Recommend that she have outpatient therapy after surgical intervention is complete in addition to her early on services. - *Interventions*: discussed with family that we would recommend further discussions with neurosurgery at this time with great consideration for surgical intervention. ... **Discuss nerve transfers and grafts as options. Shoulder subluxation is a concern.**”

**12/20/15**

59. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, “Progress Notes **12/20/15** ...6 mo. old Female was seen in at the UII Orthotics and Prosthetics department for **evaluation for an orthosis** to be used following upcoming brachial plexus surgery. She is seen with her mother and father today. She was previously seen for measuring and scanning in August due to growth changes new measurements and a **two part soft cast impression** for the custom CTLSO were obtained today. **Orthotics will fabricate the orthosis** from the measurements and cast obtained today. Following fabrication, the parents will be contacted to schedule a fitting appointment prior to the surgery on **January 12th**. A sample orthotics was shown to the parents and questions pertaining to the use and care of the orthotics were discussed.”

**1/11/16**

60. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the child, **D.D.**, indicate, “History & Physical **1/11/16** - **Recommendations / Plan:- Left brachial plexopathy; flail arm virtually; severe weakness; shoulder instability:- Therapy.** Recommend continued therapy through Early On services. Recommend that she have outpatient therapy after surgical intervention is complete in addition to her early on services.- *Interventions:* discussed with family that we would recommend further discussions with neurosurgery at this time with great consideration for surgical intervention. **Discussed with the family that we would have anticipated that she would have greater improvements at this point in time if there were any possibility to avoid surgery and still have a good outcome. I would recommend surgical intervention and further discussions with neurosurgery. Discussed nerve transfers and grafts as options.”**

**1/12/16**

**Operative Notes**

**C5 nerve root (ruptured), C6 nerve root (avulsed).**

61. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the child, **D.D.**, indicate, “Operative Notes OP note **1/12/16** **PREOPERATIVE DIAGNOSIS: Left brachial plexus palsy. POSTOPERATIVE DIAGNOSIS: Same OPERATION PERFORMED: 1. Spinal accessory to suprascapular nerve transfer 2. An Oberlin nerve transfer: ulnar fascicle to musculocutaneous. 3. A radial nerve to axillary nerve (branch to deltoid only) transfer. 4. Neurolysis of and intrafascicular dissection of ulnar nerve, neurolysis of radial nerve, musculocutaneous nerve, axillary nerve. 5. Exploration of supraclavicular brachia I plexus; neurolysis of spinal accessory nerve (CN XI), C5 nerve root (ruptured), C6 nerve root (avulsed), upper trunk (anterior and posterior divisions),suprascapular nerve, phrenic nerve; ... Indications for Procedure: The patient presented with NBPP refractory to conservative management. EDX and Imaging were consistent with the diagnosis and lack of progress.”**

**1/12/16 Operative Notes**

62. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, “**Operative Notes: The upper trunk was identified and found to be neuromatous. C5 nerve root was ruptured and C6 nerve root was avulsed. Careful dissection revealed the extensive upper trunk neuroma involving C6, C5, supra scapular nerve, anterior and posterior divisions of the upper trunk...**”
63. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, “**Surgery: 1/12/16. Time: 305 minutes. Surgeons: Lynda Jun-San Yang, MD – Primary; Thomas Wilson, MD – Resident / Fellow.**”

**1/12/16**

64. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, “**Past Surgical History: Brachial plexus exploration with Oberlin transfer, left 1/12/16. In brief history: full term via C-section and subsequently had left brachial plexus nerve transfer procedure completed on 1/12/16. Interval history: Since she was last seen she has been healthy overall. No major illnesses or hospitalizations. Mom has not noticed any significant changes in her left arm function. She does feel that her hand is getting stronger and that she has some improvement in her grip but nothing huge. She does pull herself up to stand, she does not crawl with both arms, she will only crawl with her right side. She does not play with both arms. She started therapy at MFB (Mary Free Bed Hospital) on Monday and she has been getting **Early On** for about the past two weeks since they had to move in between.**”

**2/26/16**

65. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, “**Progress Notes: 2/26/16. Impression: D.M.D. is a 9 month Female with LEFT brachial**

plexopathy S/P transfers; hand function improved; with minimal progress save recovery seen in the hand for median and ulnar function; diagnosis of preganglionic lesion; resolving Homer's syndrome, asymmetry of arm growth ... otherwise normal development. **Recommendations I Plan: - Severe Left brachial plexopathy; severe weakness; S/P (status post) neurosurgical intervention and nerve transfers and grafts; brace removed; ready to begin OT post op."**

**4/22/16**

66. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the child, **D.D.**, indicate, "Progress Notes: **4/22/16** The involved arm hangs by the side, well healed scars apparent. Scapular winging present. The involved arm shows decrease spontaneous movement, she had flexion and extension of her fingers on her left hand and minimal wrist extension against gravity, no other movement of her arm or shoulder was appreciated in clinic today. **PASSIVE RANGE OF MOTION IN SHOULDER."**

**4/22/16**

**Active Movement / Shoulder**

67. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the child, **D.D.**, indicate, **4/22/2016** "Active Movement / Shoulder (compensated / scapular movement) Flexion (0 to 180) Left: 30 Abduction (0 to 180) Left: 0 Extension (0 to 50) Left: 0 Exorotation in Adduction (0 to 90) Left: -90 Exorotation in Abduction (0 to 90) Left: -90 Endorotation in Adduction (0 to 70) Left: 70 Endorotation in Abduction (0 to 70) Left: 70 Scaption (0 to 180) Left: 0 Elbow Flexion in Adduction (0 to 150) Left: 0 Flexion in Abduction (0 to 150) Left: 0 Extension (neg 150 to 0) Left: 0 Forearm Pronation (0 to 90) Left: -90 Supination (0 to 90) Left: -90 Flexion (0 to 90) Left: 10 Extension (0 to 70) Left: 0 Fingers Flexion (0 to 90) Left: 45 Extension (0 to 45) Left: 0 Thumb Flexion (0 to 50) Left: 15 Extension (0 to 15) Left: 0 Shoulder Middle Deltoid Left: 0 Anterior Deltoid Left: 1 Posterior Deltoid Left: 0
68. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the child, **D.D.**, indicate, "Elbow Biceps (true) Left: 0 Steindler Left: No Triceps Left: 3-Wrist Flexors Left: 3+ Extensors

Left: 1 **Hand** Superficial/Deep Flexors Left: 3- Finger Extensors Left: 2- Thumb Flexors Left: 3-

**No arm recovery yet.**

69. That the records of **University of Michigan Hospital – Brachial Plexus Clinic** on the **child, D.D.**, indicate, “**Impression: DMD is a 10 m.o. Female with LEFT brachial plexopathy (preganglionic lesion) S/P transfers on 1/12/16; hand function improved; with no arm recovery yet. Recommendations / Plan: • Left brachial plexus palsy status post nerve transfers January 2016:- Therapy. Recommend occupational therapy, prescription written today and provided to family for therapy at Mary Free Bed Hospital in Grand Rapids. No e-stim. (e-stimulation) Prescription written as below. Recommend continuing home exercise program and encouraged to use of left hand as well as gentle range of motion and massage of left extremity.**”

**V.**

**CLAIM FOR NEGLIGENCE OF DEFENDANT**

70. That Defendant, the United States of America, by and through its agents, apparent agents, employees, servants, representatives, and contractors, undertook duties to provide proper care to Asia Dedeaux and her unborn child, D.D., with the level of care, skill, and treatment that is recognized as acceptable and appropriate by reasonably prudent health care providers.
71. That at all times material herein **Dr. Monica Hill** was the agent, servant and/or employee, either real or ostensible, of Center for Family Health, Jackson, Michigan.
72. That at all times material herein, there was a patient-doctor relationship between doctors, nurses and/or medical assistants who cared for Plaintiffs Allegiance Health which doctors and nurses were the agents, servants or employees of **Center for Family Health.**, either real or ostensible.

73. That when Plaintiffs were treated at Allegiance Health, Plaintiffs were staff patients and a doctor or doctors were assigned pursuant to Center for Family Health Clinic procedures, by **the Center for Family Health** to care for Plaintiffs and said doctors were the agents, servants and/or employees of said **Center for Family Health**, either real or ostensible.
74. That **Dr. Monica Hill** was the agent, servant or employee of Center for Family Health either real or ostensible, and was acting in the course and scope of said employment when said doctor treated Plaintiffs and violated the standard of practice of her profession in the care and treatment of Plaintiffs as stated herein.
75. That **Center for Family Health** is liable to Plaintiffs herein under the doctrine of respondeat superior, either real or ostensible for the malpractice of Dr. Hill as alleged herein.
76. That **Center for Family Health** is a federally funded healthcare facility owned, operated and controlled by the United States of America through its agency, Department of Health and Human Services.
77. That at all times material hereto, **Dr. Monica Hill** when rendering health care services to Plaintiffs herein, was the agent, servant and/or employee of the Department of Health and Human Services of the United States of America, or some other agency thereof, and was at all times material hereto, acting within the course and scope of such employment.

**STANDARD OF CARE - DR. MONICA HILL**

78. That at all times material herein **Dr. Monica Hill** owed duties to Plaintiffs pursuant to the patient-doctor relationship that existed between them and **pursuant to the standard of practice or care of her profession:**
- A. To exercise reasonable skill and diligence and not twist or rotate or maneuver the fetal head in the presence of shoulder dystocia.
  - B. To exercise reasonable skill and diligence to timely refrain from applying lateral excessive traction on the fetal head and/or neck in the presence of shoulder dystocia.



- C. To exercise reasonable skill and diligence to refrain from applying excessive lateral traction on the fetal head and neck in the presence of shoulder dystocia.
- D. To exercise reasonable skill and diligence in failing to timely request the presence of assistants and anesthesia timely.
- E. To exercise reasonable skill and diligence to timely recognize when shoulder dystocia occurred.
- F. To exercise reasonable skill and diligence to timely and properly perform the appropriate maneuvers properly to dislodge the impacted shoulder when shoulder dystocia was recognized, or should have been recognized by the standard of practice.
- G. To timely exercise reasonable skill and diligence in the timely proper performance of or the timely ordering of the McRobert's maneuver and/or suprapubic pressure and/or the Woods corkscrew maneuver and/or the delivery of the posterior arm.
- H. To timely recognize that the patient was at risk of having a macrosomic baby and thus at risk for encountering shoulder dystocia.
- I. To timely and properly estimate fetal weight.
- J. To exercise reasonable skill and diligence to recognize that the finding of low platelets did not preclude the safe performance of a C-section herein.
- K. To timely order and/or accurately and properly perform an ultrasound to estimate fetal weight.
- L. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section and/or timely offer the patient the opportunity to have a C-section.
- M. To make a timely, complete and frank disclosure to Plaintiff of all the risks involved in Defendants' proposed vaginal delivery of Plaintiff and offer Plaintiff the option of having a C-section.



- N. To exercise reasonable skill and diligence to timely recognize the risk factors of macrosomia.
- O. To exercise reasonable skill and diligence to timely recognize risk factors for shoulder dystocia.
- P. To exercise timely reasonably skill and diligence to recognize that macrosomic babies are at increased risk to encounter shoulder dystocia.
- Q. To exercise reasonable skill and diligence to timely and properly perform a Woods corkscrew maneuver.
- R. To exercise reasonable skill and diligence to timely and properly perform the delivery of the posterior arm.
- S. To exercise reasonable skill and diligence to recognize that the fetal weight increases each and every week of gestation.
- T. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions, to-wit: macrosomia.
- U. To exercise reasonable skill and diligence to tell Plaintiff the risks of a vaginal delivery including fetal trauma and/or brachial plexus injury and/or that Plaintiff was at risk for shoulder dystocia all of which could be avoided if a C-section was performed.
- V. To timely instruct Plaintiff not to push in the presence of shoulder dystocia.
- W. To timely recognize that obese mothers are at risk for delivering a macrosomic baby and thus at risk for encountering shoulder dystocia.
- X. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section so as to prevent shoulder dystocia and brachial plexus injuries.

- Y. To exercise reasonable skill and diligence to timely inform Plaintiff mother of the risks and complications of a C-section versus the risks and complications of a vaginal birth.
- Z. To exercise reasonable skill and diligence to timely treat Plaintiffs' conditions.
- AA. To exercise reasonable skill and diligence to immediately deliver Plaintiff minor.
- BB. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions, fetal pelvic disproportion.
- CC. To exercise reasonable skill and diligence in the timely treatment and care of Plaintiffs' conditions, to-wit: macrosomia and/or shoulder dystocia and/or arrest of 2<sup>nd</sup> stage of labor.
- DD. To exercise reasonable skill and diligence to recognize that obese patients are at increased risk to have a macrosomic baby.

### **BREACH BY DOCTOR**

**79. That Dr. Monica Hill breached the aforementioned duties in at least one and possibly more of the following particulars, so far as it is presently known, by failing:**

- A. To exercise reasonable skill and diligence and not twist or rotate or maneuver the fetal head in the presence of shoulder dystocia.
- B. To exercise reasonable skill and diligence to timely refrain from applying lateral excessive traction on the fetal head and/or neck in the presence of shoulder dystocia.
- C. To exercise reasonable skill and diligence to refrain from applying excessive lateral traction on the fetal head and neck in the presence of shoulder dystocia.

- D. To exercise reasonable skill and diligence in failing to timely request the presence of assistants and anesthesia timely.
- E. To exercise reasonable skill and diligence to timely recognize when shoulder dystocia occurred.
- F. To exercise reasonable skill and diligence to timely and properly perform the appropriate maneuvers properly to dislodge the impacted shoulder when shoulder dystocia was recognized, or should have been recognized by the standard of practice.
- G. To timely exercise reasonable skill and diligence in the timely proper performance of or the timely ordering of the McRobert's maneuver and/or suprapubic pressure and/or the Woods corkscrew maneuver and/or the delivery of the posterior arm.
- H. To timely recognize that the patient was at risk of having a macrosomic baby and thus at risk for encountering shoulder dystocia.
- I. To timely and properly estimate fetal weight.
- J. To exercise reasonable skill and diligence to recognize that the finding of low platelets did not preclude the safe performance of a C-section herein.
- K. To timely order and/or accurately and properly perform an ultrasound to estimate fetal weight.
- L. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section and/or timely offer the patient the opportunity to have a C-section.
- M. To make a timely, complete and frank disclosure to Plaintiff of all the risks involved in Defendants' proposed vaginal delivery of Plaintiff and offer Plaintiff the option of having a C-section.
- N. To exercise reasonable skill and diligence to timely recognize the risk factors of macrosomia.

- O. To exercise reasonable skill and diligence to timely recognize risk factors for shoulder dystocia.
- P. To exercise timely reasonably skill and diligence to recognize that macrosomic babies are at increased risk to encounter shoulder dystocia.
- Q. To exercise reasonable skill and diligence to timely and properly perform a Woods corkscrew maneuver.
- R. To exercise reasonable skill and diligence to timely and properly perform the delivery of the posterior arm.
- S. To exercise reasonable skill and diligence to recognize that the fetal weight increases each and every week of gestation.
- T. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions, to-wit: macrosomia.
- U. To exercise reasonable skill and diligence to tell Plaintiff the risks of a vaginal delivery including fetal trauma and/or brachial plexus injury and/or that Plaintiff was at risk for shoulder dystocia all of which could be avoided if a C-section was performed.
- V. To timely instruct Plaintiff not to push in the presence of shoulder dystocia.
- W. To timely recognize that obese mothers are at risk for delivering a macrosomic baby and thus at risk for encountering shoulder dystocia.
- X. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section so as to prevent shoulder dystocia and brachial plexus injuries.
- Y. To exercise reasonable skill and diligence to timely inform Plaintiff mother of the risks and complications of a C-section versus the risks and complications of a vaginal birth.

Z. To exercise reasonable skill and diligence to timely treat Plaintiffs' conditions.

AA. To exercise reasonable skill and diligence to immediately deliver Plaintiff minor.

BB. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions, fetal pelvic disproportion.

CC. To exercise reasonable skill and diligence in the timely treatment and care of Plaintiffs' conditions, to-wit: macrosomia and/or shoulder dystocia and/or arrest of 2<sup>nd</sup> stage of labor.

DD. To exercise reasonable skill and diligence to recognize that obese patients are at increased risk to have a macrosomic baby.

80. Defendant United States of America is liable herein by virtue of its independent negligence and/or under the doctrine of RESPONDEAT SUPERIOR for the acts and/or omissions of its agents, servants, and/or employees, and other persons who rendered care, treatment or medical services to Plaintiffs under some concession arrangement because of their apparent authority to be the agents, servants and/or employees of Center for Family Health.

81. Defendant United States of America is liable herein for negligence / malpractice under the doctrine of RESPONDEAT SUPERIOR for the acts and/or omissions of its agents, servants, and/or employees, and other persons who rendered care, treatment or medical services to Plaintiffs under some concession arrangement because of their apparent authority to be the agents, servants and/or employees of Defendant.

82. That at all times material herein, the injuries and/or damages suffered by the Plaintiffs were more probably than not proximately caused by the negligence/malpractice of the Defendant, United States of America, its agents, servants and/or employees, either real or ostensible.

## VI.

**PLAINTIFFS' DAMAGES**

83. That Plaintiff, D.D., sustained personal injuries herein before and herein after alleged as a direct and proximate result of Defendant's agents, servants and/or employees, negligence and malpractice as herein alleged.

84. That as a direct and proximate result of the negligence and malpractice as herein alleged by Defendant's agents, servants and/or employees, either real or ostensible, as aforesaid, the injured Plaintiff-minor, D.D.:

- A. sustained severe and permanent bodily injuries which were painful, disabling and necessitated medical care; and/or
- B. suffered shock, mental anguish, fright and emotional damage; and/or
- C. sustained possible aggravation of pre-existing conditions and/or reactivation of dormant conditions; and/or
- D. was and/or may continue to be unable to attend to her usual affairs, daily activities, including, but not limited to, household chores, and personal needs; and/or
- E. was and/or may continue to be unable to render services including, but not limited to, household chores, and personal needs; and/or
- F. hampered said Plaintiff-minor in the enjoyment of the normal pursuit of life; and/or
- G. said injuries are permanent to the degree that Plaintiff suffered a loss in ability to earn money and will have impaired earning capacity in the future; and/or
- H. will continue to have pain and suffering in the future as well as permanent impairment and disabilities.
- I. said injuries are permanent and Plaintiff-minor will continue to have said damages in the future; and/or

J. any other damages which are applicable and which are recoverable pursuant to statute, case law and Michigan court rules.

85. That at all times material herein, Plaintiff, Asia Dedeaux, was not at fault and/or was not negligent.

86. That at all times material herein, Plaintiff-minor, D.D., was not at fault and/or was not negligent.

87. That at all times material herein, as a direct and proximate result of the negligence of Defendant's agents, servants and/or employees, either real or ostensible:

A. Plaintiff-minor, D.D., has motor function impairment resulting in a total permanent functional loss of one or more limbs caused by injury to the brain and/or injury and/or

B. Plaintiff-minor, D.D., has permanently impaired cognitive capacity rendering her incapable of making independent, responsible life decisions and permanently incapable of independently performing the activities of normal daily living.

88. That as a direct and proximate result of the negligence / malpractice as herein alleged of Defendant's agents, servants and/or employees, either real or ostensible, the injured Plaintiff-minor, D.D., suffered and/or will continue to suffer damages, both past and future, permitted under the law, including, but not limited to, one or more of the following: attendant care, medical expenses, medical supplies, medicine and equipment, hospital expenses, nursing home expenses, loss of wages, loss of ability to work, loss of ability to care for self needs, loss of ability to care for family members, impaired earning capacity, past miscellaneous expenses, loss of ability to care for household needs, future miscellaneous expenses, loss of insurance benefits, loss of benefits, vocational rehabilitation expenses, special education expenses, home modification expenses, transportation expenses, supervision and any and all other damages which are applicable



and are recoverable pursuant to the statutes of the United States of America, the State of Michigan, case law and court rules.

89. That as a direct and proximate result of the negligence / malpractice of the Defendant's servants, agents and/or employees, either real or ostensible, and the resulting injuries to Plaintiff-minor, D.D., Plaintiff did and may continue to incur expenses for hospitals, doctors, diagnostic tests, medical procedures, therapies, x-rays, medicines and other medical supplies, equipment, attention, rehabilitation, nursing, and attendant care.
90. That as a direct and proximate result of the negligence and malpractice of the Defendant's servants, agents and/or employees, either real or ostensible, and the resulting injuries to Plaintiff-minor, Plaintiff's mother did and may continue to incur expenses for hospitals, doctors, diagnostic tests, medical procedures, therapies, x-rays, medicines and other medical supplies, attention, rehabilitation, nursing, and attendant care.
91. That Asia Dedeaux is the mother of D.D.
92. That Plaintiff mother Asia Dedeaux witnessed the infliction of tortuous injuries upon her child by Defendant's servants, agents and/or employees and suffered from adverse consequential effects there from due to the negligence and malpractice of the Defendant's agents, servants and/or employees, either real or ostensible, including severe emotional, nervous, and mental disturbances resulting in headaches, depression, and permanent emotional and nervous disturbances.
93. That as a direct and proximate result of the negligence and malpractice of Defendant's agents, servants and/or employees, either real or ostensible, and the resulting injuries to Plaintiff-minor, D.D., Plaintiff's mother did and/or may continue to incur expenses for and/or perform services, including, but not limited to, nursing services, attendant care, household chores, personal services, and personal care.
94. That Plaintiff, Asia Dedeaux has been appointed by the United States District Court for the Eastern District of Michigan as Next Friend for Plaintiff-minor, D.D. a minor, born on 6/2/2015.

WHEREFORE, Plaintiffs respectfully request that the Court grant judgment against Defendant, jointly and severally, in whatever amount Plaintiffs are found to be entitled to compensatory damages; and for penalties, and Plaintiffs' actual attorney fees, plus interests and costs.

**THE THURSWELL LAW FIRM, P.L.L.C.**

/s/ ARDIANA CULAJ

By: ARDIANA CULAJ (P71553)

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Dated: February 20, 2018

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**CERTIFICATE OF SERVICE**

I, Carolyn Young, hereby certify that on February 20, 2018, I electronically filed the foregoing paper with the Clerk of the Court using the ECF system which will send notification of such filing to the following: Ardiana Culaj and the United States of America.

s/ Carolyn Young  
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## Glossary of Abbreviations

A/P – Assessment Plan  
AB – Abortion  
ABD – Abdomen  
ABG – Arterial Blood Gas  
ABN – Abnormal  
ABX – Antibiotics  
AF – Amniotic Fluid  
AFI – Amniotic Fluid Index  
AGA – Appropriate for Gestational Age  
AKI – Acute Kidney Injury  
ANAT – Anatomy  
ANTI-BX - Antibiotics  
APPT – Appointment  
ATN – Acute Tubular Necrosis  
B/P – Blood Pressure  
B/L – Bilateral  
BID – Twice a Day  
BBO2 = Blow by oxygen  
BBOW – Bulging Bag of Waters  
BBP – Biophysical Profile  
BC – Birth Certificate  
BM – Bag and Mask  
BOW – Bag of Waters  
BPM – Beats per Minute  
BPP – brachial plexus palsy  
BS – Bowel Sounds  
BWT – Birth Weight  
C/B – Complicated by  
CBC – Complete Blood Count  
CC – Chief Complaint  
CL – Cervical Length  
CL – Closed  
CNM – Certified Nurse Midwife  
CNS – Central Nervous System  
COPD - chronic obstructive pulmonary disease  
CPAP – Continuous Positive Airway Pressure  
CPD – Cephalopelvic Disproportion  
CPR – Cardiopulmonary Resuscitation  
CRL – Crown-Rump Length  
CRP – C-Reactive Protein  
CRRT – Continuous Renal Replacement Therapy  
CSEC – Cesarean Section  
CTX – Contraction  
CX – Cervix or Cervical  
CXR – Chest X-Ray  
D/C – Discharge

D/W – Discussed with  
Di-Di – Diamniotic – Dichorionic  
DIC – Disseminated Intravascular Coagulation  
DIL – Dilatation  
DNC – Dilation and Curettage  
DOL – Day of Life  
DR – Delivery Room  
DT – Due to  
EBL – Estimated Blood Loss  
EDC – Expected Date of Confinement (i.e. Due Date)  
EDD – Expected Date of Delivery  
EFG – Estimated Fetal Weight  
EFM – Electronic Fetal Monitor  
ETT – Endotracheal Tube  
FB – Foley Balloon  
FFP – Fresh Frozen Plasma  
FHR – Fetal Heart Rate  
FHT – Fetal Heart Tone  
FMG – Fetal Monitoring Graph  
FOB – Father of Baby  
FREQ – Frequent  
FSE – Fetal Scalp Electrode  
FT – Fingertip  
FT – Full Term  
FTSVD – Full Term Spontaneous Vaginal Delivery  
FU – Follow UP  
FWB – Fetal Well-being  
G – Gravida  
GA – Gestational Age  
GDM – Gestational Diabetes Mellitus  
GEST – Gestation  
GYN – Gynecology or Gynecologic  
H & P – History & Physical  
H/O – History of  
HC – Head Circumference  
HIE – Hypoxic Ischemic Encephalopathy  
HPI – History of Present Illness  
HRC (high risk clinic)  
HTN - Hypertension  
HUS – Head Ultrasound  
HX – History  
IAI – Intraamniotic Infection  
ICH – Intracranial Hemorrhage  
ICH – Intracerebral Hemorrhage  
ID – Infectious Disease  
IMV – intermittent mandatory ventilation  
IOL – Induction of Labor  
ISL – Internal Scalp Lead

IUGR – Intrauterine Growth Retardation  
IUP – Intrauterine Pregnancy  
IUPC – Intrauterine Pressure Catheter  
IV – Intravenous  
IVH – Intraventricular Hemorrhage  
IVPB – Intravenous Piggyback  
LD – Labor / Delivery  
LMP – Last Menstrual Period  
LOA – Left Occipitoanterior  
LOF – Loss of Fluid  
LP – Lumbar Puncture  
LR – Labor Room  
LT AC (long-term acute care)  
LTV – Long Term Variability  
MAG – Magnesium Sulfate  
MEC – Meconium  
MgSO<sub>4</sub> – Magnesium Sulfate  
MN – midnight  
MOL – minutes of life  
NAS – Neonatal abstinence syndrome  
NEG – Negative  
NICU – Neonatal Intensive Care Unit  
NL – Normal  
NNP – Neonatal Nurse Practitioner  
NOB – New Obstetric  
NP – Nurse Practitioner  
NPO – Nothing by Mouth  
NRB – Non-Rebreather Mask  
NRP – Neonatal Resuscitation Protocol  
NS – Normal Saline  
NSG – Nursing  
NSVD – Normal Spontaneous Delivery  
NT – Not Tender  
O<sub>2</sub> – Oxygen  
OB – Obstetric or Obstetrician  
OBS – Observation  
OP – Operative Report  
OR – Operating Room  
OS – Opening of Uterine Cervix  
OSH – Outside Hospital  
P – Para  
PCA (posterior cerebral artery)  
PGY – Post Graduate Year  
PIH – Pregnancy Induced Hypertension  
PIV – Peripheral Intravenous Line  
PM – Past Medical  
PMA – Post Menstrual Age  
PMH – Past Medical History

PNC – Prenatal Care  
PO – Orally or By Mouth  
POB – Past Obstetric History  
POC – Plan of Care  
POD – Post Operative Day  
PPD – Postpartum Day  
PPV – Positive Pressure Ventilation  
PRBC – Packed Red Blood Cells  
PROM – Passive Range of Motion  
PSHX – Past Surgical History  
PT – Patient  
PTD – Preterm Delivery  
PTL – Preterm Labor  
PVL – Periventricular Hemorrhage  
Q – Every  
QD – Once a Day  
RESP – Respiratory  
REV – Review  
ROA – Right Occipitoanterior  
ROM – Rupture of Membranes  
RT – Respiratory Therapy  
S/P – Status Post  
S/SX – Signs Symptoms  
SATS – Saturation  
SCN – Special Care Nursery  
SI/SX – Signs Symptoms  
SIADH – Syndrome of Inappropriate Antidiuretic Hormone Secretion  
SICU (surgical Intensive Care Unit) staff  
SIMV – synchronized intermittent mandatory ventilation  
SO<sub>2</sub> – Oxygen Saturation  
SO – Significant Other  
SPEC – Speculum  
SROM – Spontaneous Rupture of Membranes  
SSE – Sterile Speculum Exam  
SVE – Sterile Vaginal Exam  
SW – Social Worker  
S=D (Size = Dates)  
TID – Three Times a Day  
TOCO – Tocodynameter: An instrument for measuring contractions  
TR – Trace  
TV – Transvaginal  
UA – Urinalysis  
UAC – Umbilical Arterial Catheter  
US – Ultrasound  
UVC – Umbilical Venous Catheter  
VB – Vaginal Bleeding  
VBAC – Vaginal Birth After Cesarean  
VC – Vessel Cord



**VE – Vaginal Exam**

**VENT – Ventilator**

**VIP – Voluntary Interruption of Pregnancy**

**VTE – Venous Thromboembolism**

**W/ – With**

**WBC – White Blood Count**

**WNL – Within Normal Limits**

**YO – Year Old**